

Identification #

4-11-14

RECEIVED
FEB 19 10 57 19
2016 APR 19 AM 11:58

Federal Election Commission.

999 E Street, N.W.

Washington, D.C. 20463

gtn: Laura Sinram

Dear Ms. Sinram,

Per your correspondence and our
conversation, please find the
FEC Form 1 with the banking information
for INPACT, our assigned EIN # is
81-2138232. Please call me if additional
information is needed. My cell phone
number is 317-590-0985.

Sincerely,
Curt Bizz

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2016 APR 19 AM 11:58
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

IN PACT
11650 Alia Road Suite 1000-226

ADDRESS (number and street)

Check if different
than previously
reported. (ACC)

Fishers IN 46037

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00609719

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)

July 15
Quarterly Report (Q2)

October 15
Quarterly Report (Q3)

January 31
Year-End Report (YE)

July 31 Mid-Year
Report (Non-election
Year Only) (MY)

Termination Report
(TER)

(b) Monthly
Report
Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)
(Non-Election
Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)
(Non-Election
Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ Convention (12C)

☐ Special (12S)

Election on

MM / DD / YYYY

in the
State of

MM / DD / YYYY

(d) 30-Day
POST-Election
Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

MM / DD / YYYY

in the
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY
01 / 01 / 2016

through

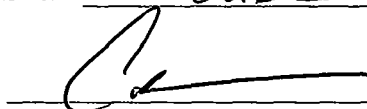
MM / DD / YYYY
03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

CARL J. BRIZZI

Signature of Treasurer



Date

MM / DD / YYYY
04 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

IN PACT

Report Covering the Period:

From:

01 / 01 / 2014

To:

03 / 31 / 2016

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand
January 1, 2014

(b) Cash on Hand at
Beginning of Reporting Period.....

(c) Total Receipts (from Line 19)

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

7. Total Disbursements (from Line 31)

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

INPACT

Report Covering the Period: From: 01 / 01 / 2016

To: 03 / 31 / 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A).....

- (ii) Unitemized
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

- (b) Political Party Committees
(c) Other Political Committees (such as PACs).....
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

- (b) Levin Funds (from Schedule H5).....

- (c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Amount of Each Receipt this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Amount of Each Receipt this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Amount of Each Receipt this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:
 (check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

Amount

Amount

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

☐ Yes

☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; height: 20px;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div></div>	
City	State Zip Code	Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div></div>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div></div>	
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; height: 20px;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; height: 20px;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div></div>		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div><div style="border: 1px solid black; width: 20px; height: 15px;"></div></div>	
Title			

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;">C</div>
-----------------------------	--

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name of Payee	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
City	State Zip Code	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
City	State Zip Code	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date

MM / DD / YYYY

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

PAGE OF
FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee Mailing Address City State ZIP Code			

Full Name (Last, First, Middle Initial) of Each Payee			<input type="checkbox"/> Memo Item		Purpose of Expenditure		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> Category/ Type		
Mailing Address					Date		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>		
City		State		Zip Code		Amount		<div style="border: 1px solid black; width: 200px; height: 20px;"></div>	
Name of Federal Candidate Supported		Office Sought:		House Senate Presidential		State: _____		District: _____	
Aggregate General Election Expenditure for this Candidate ▶			<div style="border: 1px solid black; width: 150px; height: 20px;"></div>						

Full Name (Last, First, Middle Initial) of Each Payee			<input type="checkbox"/> Memo Item		Purpose of Expenditure		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> Category/ Type		
Mailing Address					Date		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>		
City		State		Zip Code		Amount		<div style="border: 1px solid black; width: 200px; height: 20px;"></div>	
Name of Federal Candidate Supported		Office Sought:		House Senate Presidential		State: _____		District: _____	
Aggregate General Election Expenditure for this Candidate ▶			<div style="border: 1px solid black; width: 150px; height: 20px;"></div>						

Full Name (Last, First, Middle Initial) of Each Payee			<input checked="" type="checkbox"/> Memo Item		Purpose of Expenditure		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> Category/ Type		
Mailing Address					Date		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>		
City		State		Zip Code		Amount		<div style="border: 1px solid black; width: 200px; height: 20px;"></div>	
Name of Federal Candidate Supported		Office Sought:		House Senate Presidential		State: _____		District: _____	
Aggregate General Election Expenditure for this Candidate ▶			<div style="border: 1px solid black; width: 150px; height: 20px;"></div>						

SUBTOTAL of Expenditures This Page (optional).....▶		<div style="border: 1px solid black; width: 200px; height: 20px;"></div>	
TOTAL This Period (last page this line number only).....▶		<div style="border: 1px solid black; width: 200px; height: 20px;"></div>	

NOT TO BE FILLED IN BY CANDIDATE

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- ☐ Presidential-Only Election Year (28% Federal)
- ☐ Presidential and Senate Election Year (36% Federal)
- ☐ Senate-Only Election Year (21% Federal)
- ☐ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE OF
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT <div> <div>MM</div> <div>DD</div> <div>YY</div> </div>	TOTAL AMOUNT TRANSFERRED
-----------------	---	--------------------------

BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		
ii) Generic Voter Drive		
iii) Exempt Activities		
iv) Direct Fundraising (List Activity or Event Identifier)		
a)		
b)		
c) Total Amount Transferred For Direct Fundraising		
v) Direct Candidate Support (List Activity or Event Identifier)		
a)		
b)		
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED		
TOTAL This Period (Administrative)		
TOTAL This Period (Generic Voter Drive)		
TOTAL This Period (Exempt Activities)		
TOTAL This Period (Direct Fundraising)		
TOTAL This Period (Direct Candidate Support)		
TOTAL This Period (Public Communications Referring Only to Party)		
TOTAL This Period (Total Amount Transferred)		

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

PAGE OF
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
Mailing Address			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Date <div style="border: 1px solid black; width: 30px; text-align: center;">MM</div> / <div style="border: 1px solid black; width: 30px; text-align: center;">DD</div> / <div style="border: 1px solid black; width: 30px; text-align: center;">YYYY</div>			
City		State				Zip Code
Purpose of Disbursement:		<div style="border: 1px solid black; width: 50px; height: 20px;"></div>				
Activity or Event Identifier:		<div style="border: 1px solid black; width: 50px; height: 20px;"></div> Category/ Type				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
<div style="border: 1px solid black; width: 150px; height: 20px;"></div>			<div style="border: 1px solid black; width: 150px; height: 20px;"></div>			<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

B. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
Mailing Address			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Date <div style="border: 1px solid black; width: 30px; text-align: center;">MM</div> / <div style="border: 1px solid black; width: 30px; text-align: center;">DD</div> / <div style="border: 1px solid black; width: 30px; text-align: center;">YYYY</div>			
City		State				Zip Code
Purpose of Disbursement:		<div style="border: 1px solid black; width: 50px; height: 20px;"></div>				
Activity or Event Identifier:		<div style="border: 1px solid black; width: 50px; height: 20px;"></div> Category/ Type				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
<div style="border: 1px solid black; width: 150px; height: 20px;"></div>			<div style="border: 1px solid black; width: 150px; height: 20px;"></div>			<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

C. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
Mailing Address			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Date <div style="border: 1px solid black; width: 30px; text-align: center;">MM</div> / <div style="border: 1px solid black; width: 30px; text-align: center;">DD</div> / <div style="border: 1px solid black; width: 30px; text-align: center;">YYYY</div>			
City		State				Zip Code
Purpose of Disbursement:		<div style="border: 1px solid black; width: 50px; height: 20px;"></div>				
Activity or Event Identifier:		<div style="border: 1px solid black; width: 50px; height: 20px;"></div> Category/ Type				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
<div style="border: 1px solid black; width: 150px; height: 20px;"></div>			<div style="border: 1px solid black; width: 150px; height: 20px;"></div>			<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; width: 150px; height: 20px;"></div>		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; width: 150px; height: 20px;"></div>		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------------------------	--------------------------

BREAKDOWN OF THIS TRANSFER		
i) Voter Registration Total Amount Transferred for Voter Registration.....	VOTER REGISTRATION [Amount Box]	
ii) Voter ID Total Amount Transferred for Voter ID	VOTER ID [Amount Box]	
iii) GOTV Total Amount Transferred for GOTV	GOTV [Amount Box]	
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY [Amount Box]	

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------------------------	--------------------------

BREAKDOWN OF THIS TRANSFER		
i) Voter Registration Total Amount Transferred for Voter Registration.....	VOTER REGISTRATION [Amount Box]	
ii) Voter ID Total Amount Transferred for Voter ID	VOTER ID [Amount Box]	
iii) GOTV Total Amount Transferred for GOTV	GOTV [Amount Box]	
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY [Amount Box]	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)	
TOTAL This Period (Voter Registration).....	[Amount Box]
TOTAL This Period (Voter ID)	[Amount Box]
TOTAL This Period (GOTV).....	[Amount Box]
TOTAL This Period (Generic Campaign Activity).....	[Amount Box]
TOTAL This Period (Total Amount of Transfers Received).....	[Amount Box]

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
Mailing Address				<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
				<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
City	State	Zip Code	<input type="checkbox"/>	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement				<input type="checkbox"/>	
			Category/Type	Date	
				<input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> / <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

B. Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
Mailing Address				<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
				<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
City	State	Zip Code	<input type="checkbox"/>	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement				<input type="checkbox"/>	
			Category/Type	Date	
				<input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> / <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

C. Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
Mailing Address				<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
				<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
City	State	Zip Code	<input type="checkbox"/>	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement				<input type="checkbox"/>	
			Category/Type	Date	
				<input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> / <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

TOTAL This Period for the Levin Share

LEVIN SHARE
<input type="checkbox"/>

AGGREGATION PAGE: LEVIN FUNDS

008697-0000

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 1a

☐ 2

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Aggregate Year-to-Date

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Aggregate Year-to-Date

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Aggregate Year-to-Date

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Aggregate Year-to-Date

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5	
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d		

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement		<input type="text"/>
B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement		<input type="text"/>
C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement		<input type="text"/>
D. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement		<input type="text"/>
E. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement		<input type="text"/>
SUBTOTAL of Disbursements This Page (optional).....		<input type="text"/>
TOTAL This Period (last page this line number only).....		<input type="text"/>



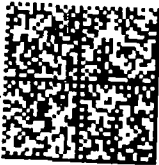
PITNEY BOWES

\$ 007.99⁰

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Federal Election Commission
999 E. Street, N.W.
Washington, DC 20543

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